

New campaign against venereal disease in Poland

J. TOWPIK*
Poland

In Poland, as in many other countries, a sharp decrease in the morbidity rate for venereal diseases in the years 1948 to 1954 was succeeded by a gradual increase. A particularly disquieting increase occurred in the years 1963 to 1969, and it was therefore decided to use all available methods to control the outbreak.

This campaign was started by a thorough epidemiological analysis of the entire country to discover all the mechanisms and causes that assisted the dissemination of venereal disease. The specific differences between different areas (large towns, smaller towns, sea ports, industrial centres, rural regions; etc.) were taken into account, as well as other environmental factors.

Simultaneously a study was made of the work of all public health clinics and dispensaries engaged in V.D. control and their shortcomings with regard to staff, equipment, and administration were established.

On the basis of the data thus obtained, a plan of action was devised. An Institute of Venereology was created at the Academy of Medicine, Warsaw, as a research and teaching centre to supervise and co-ordinate the work of all Health Service Institutions engaged in controlling V.D. This Institute comprises three departments: clinical, administrative, and experimental.

The role of the Institute was largely defined by the results of the preliminary epidemiological survey and of more recent investigations in certain areas. A network of dermato-venereological centres forming an integral part of the National Health Service already existed throughout the country and the functions of the Institute include the improvement of their work.

Work of the Institute of Venereology

(1) Particular emphasis was laid on educational activities adapted to differing social groups (urban, rural, scholastic, academic, etc.).

The daily press and periodicals published brief items of information to attract the attention of the public and arouse interest. Factual and objective information on the epidemiology and prevention of venereal disease was provided by means of radio broadcasts and lectures, and educational films, tape-recordings, and pamphlets were used in schools.

* Director, Institute of Venereology, Medical Academy, Warsaw

During 1970 and 1971 over 8 million publications were distributed. A special text-book on sex education and the control of venereal disease was made available for teachers.

(2) Attention was paid to contact tracing, which is a difficult task in view of the great relaxation of moral standards and the frequency of promiscuous sexual behaviour.

A comparative study of this preventive work was made at the dermato-venereological centres in various areas, to determine the extent of administrative shortcomings.

At the same time the necessity for propagating among patients an awareness of the need to co-operate with the Health Service was pointed out. For experimental purposes the services of a sociologist and of a psychologist have been made available at some centres to help deal with certain of the most serious epidemiological problems, in particular adverse environment and patients who repeatedly became infected.

(3) Periodical medical tests for venereal infection (followed by treatment when indicated) have been introduced for population groups at high risk of infection. The tests have been applied to prostitutes especially where they present a potential epidemiological threat, in sea ports, towns, and industrial centres. There were some objections to these examinations at first and coercive measures had to be adopted, but as time went on the number of persons voluntarily reporting for examination amounted to 70 per cent. This was accomplished by adopting a more liberal and humane approach to the patients, who learned that such examination did not entail punishment, but offered them a free and confidential medical examination and the opportunity of receiving free treatment. As a result of these examinations the number of infectious cases in these groups has decreased along with the risk of infection for their sexual partners.

Obviously this does not solve the epidemiological problems connected with prostitution, but the creation of suitable psychological conditions and facilities for mass voluntary medical examinations undoubtedly has an epidemiological significance.

(4) Each venereological centre has been directed to give prophylactic treatment in cases in which sexual contact with an infectious person has been confirmed

although no evidence of infection has been found.

Follow-up examinations for 1 to 2 years of patients who have had prophylactic treatment for syphilis have revealed the efficacy of such treatment.

(5) Extension of mass serological screening of various social groups. Apart from the routine examination of pregnant women, blood-donors, and some professional groups, certain specific population groups are examined if this is justified from the epidemiological point of view.

Routine serological examination is also carried out for all patients in general hospitals.

Initially, thanks to mass screenings, the number of known cases of early latent syphilis rose, but these numbers have now begun to diminish.

(6) One of the fundamental tasks was the remedying of inadequacies in the regional centres and of deficiencies in laboratory and diagnostic equipment. A research laboratory has been created at the Institute of Venereology. This is a central reference laboratory and so exercises expert supervision over all the venereological laboratories in the country.

This laboratory also undertakes scientific research on current venereological problems.

The process of modernizing and improving the diagnostic facilities all over the country has been started, but not yet completed. To supplement the staff of specialists and provide the necessary laboratory equipment will require a considerable financial outlay. However, the possibility of providing all fundamental diagnostic examinations is now assured.

(7) Another and separate problem is that of adjusting the medical staff and the laboratory staff to modern venereology; this applies not only to venereologists, but to general practitioners and to doctors specializing in other branches of medicine, who have to deal with patients suffering from various stages of syphilis from time to time.

To combat this problem all medical societies were requested to organize conferences and scientific meetings dealing with current venereological problems. This type of conference, in which outstanding venereologists participate, plays an important role in disseminating information on venereological problems in medical circles.

With the co-operation of the post-graduate training centre, regular courses at different levels have been held since 1970 for doctors and laboratory staff; these deal with basic information, the latest developments in clinical and social venereology, and laboratory methods, in accordance with the programme prepared by the Institute of Venereology.

(8) Demographic and sociological investigations are also being conducted in an effort to understand

social attitudes towards venereal disease and to define public awareness and emotional and intellectual reactions to them. These investigations should permit, among other things, the identification of repeater groups and their epidemiological role.

A Board has been established which includes representatives of the various ministries and institutions whose co-operation is vital for the solving of the V.D. problem in every country. The Ministries of Culture, Transport, Education, and Defence and such institutions as the Red Cross and youth organizations are assisting in studying the epidemiological problem and in co-ordinating action, in co-operation with the Ministry of Health and the Institute of Venereology.

Results

Through these activities, the Institute has achieved considerable epidemiological success. In 2 years (1970-71), the incidence of primary and secondary syphilis was lowered by 36.5 per cent., and that of all forms of early syphilis by 24.5 per cent. The figures concerning young people aged from 15 to 19 years are particularly significant; cases of syphilis have fallen by 41 per cent. and of gonorrhoea by 10 per cent. since 1969.

The data for the first quarter of 1972 compared with the same period in 1971 show a further decrease of 36 per cent. in primary and secondary syphilis.

In comparison with the worst period (the first quarter of 1970) a decline of 51 per cent. has occurred.

After the introduction of these epidemiological measures, the first aim of which is to control syphilis, a plan to control gonorrhoea was next prepared. Because of the increasing frequency of treatment failures due to the declining sensitivity of the gonococcus to penicillin, large doses of penicillin were introduced routinely (4.8 m.u. with probenecid for males and twice that amount for females).

In consultation with the Mother and Child Institutes, gynaecologists have been instructed how to treat gonorrhoea in women and to co-operate with the venereologists.

Our work is not yet complete for there are many administrative and psychological difficulties. So far we have arrested the spread of gonorrhoea, and in the first quarter of 1972 there was a decrease of 10 per cent. as compared with the first quarter of 1971 in young patients under 19 years of age.

If it were asked which of the weapons now being used in the fight against V.D. was the most efficacious, the answer could only be a subjective one. Success is achieved by a combination of many factors, but education is perhaps the most important.